

# APPLICATION and CERTIFICATE for PAYMENT

Attach Schedule of Values

ESTIMATE No. \_\_\_\_\_

DATE: \_\_\_\_\_

B.C. No. \_\_\_\_\_

|                   |                  |
|-------------------|------------------|
| TO OWNER:         | PROJECT          |
| FROM CONTRACTOR:  | FROM CONTRACTOR: |
| <b>FEIN</b> _____ |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----------------------------------------------------------------------|----|--|----------------------------------------------------------------------------------------------|----|--|----------------------------------------------|----|--|-------------------|-----|---|--------------|----|--|---------------------------------|-----|---|------------------------------|----|--|
| TOTAL ORIGINAL CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| CHANGE ORDER(S) Numbers _____ through _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| TOTAL CONTRACT TO DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. Work Completed to Date per attached Schedule of Values ( _____ %)</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 25%;"></td> </tr> <tr> <td style="padding: 5px;">2. Stored Materials: <i>(Attach list or Form ABC C - SM, Inventory of Stored Materials.)</i></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="padding: 5px;">3. Total Completed Work and Stored Materials</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="padding: 5px;">4. Less Retainage</td> <td style="text-align: center;">(\$</td> <td style="text-align: right;">)</td> </tr> <tr> <td style="padding: 5px;">5. Total Due</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="padding: 5px;">6. Less Total Previous Payments</td> <td style="text-align: center;">(\$</td> <td style="text-align: right;">)</td> </tr> <tr> <td style="padding: 5px;">7. Balance Due This Estimate</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table> |     |   | 1. Work Completed to Date per attached Schedule of Values ( _____ %) | \$ |  | 2. Stored Materials: <i>(Attach list or Form ABC C - SM, Inventory of Stored Materials.)</i> | \$ |  | 3. Total Completed Work and Stored Materials | \$ |  | 4. Less Retainage | (\$ | ) | 5. Total Due | \$ |  | 6. Less Total Previous Payments | (\$ | ) | 7. Balance Due This Estimate | \$ |  |
| 1. Work Completed to Date per attached Schedule of Values ( _____ %)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 2. Stored Materials: <i>(Attach list or Form ABC C - SM, Inventory of Stored Materials.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 3. Total Completed Work and Stored Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 4. Less Retainage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (\$ | ) |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 5. Total Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 6. Less Total Previous Payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (\$ | ) |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |
| 7. Balance Due This Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$  |   |                                                                      |    |  |                                                                                              |    |  |                                              |    |  |                   |     |   |              |    |  |                                 |     |   |                              |    |  |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>CONTRACTOR'S CERTIFICATION</b></p> <p>The undersigned Contractor certifies that to the best of his knowledge, information, and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by him for Work for which previous Certificates for Payments were issued and payments received from the Owner and that current payment shown herein has not yet been received.</p> <p>By _____ Date _____</p> <p style="text-align: center;">_____<br/>(Title)</p> <p>Sworn and subscribed before me this _____ day of _____</p> <p style="text-align: center;">_____<br/>L. S.</p> <p>Notary Public</p> | <p style="text-align: center;"><b>ARCHITECT'S CERTIFICATION</b></p> <p>In accordance with the Contract Documents, the Architect certifies to the Owner that, to the best of the Architect's knowledge and belief, the Work has progressed to the point indicated herein, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the amount approved.</p> <p style="text-align: center;">_____<br/>(Architect)</p> <p>By _____</p> <p>Date _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## APPROVALS

Approved by \_\_\_\_\_ (Owner) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Owner certifies that funds are available in the amount required for this invoice.*